



TOWN OF FISHKILL RECREATION
*If application is not completed in its entirety, it will be mailed back,
and the child's spot will not be held*

Program Registration Form

Last Name _____ First Name _____ Sex: Male ___ Female ___

Mailing Address _____ Town _____ Zip _____

Home Phone _____ Date of Birth _____ Age _____ Resident ___ NonResident ___

Ethnicity: (circle) *White African American Hispanic Native American Asian Other*
(Information required by County Youth Bureau for Grant Application funds)

School Attending _____ Grade Entering in Fall _____

Mother's Name _____ Work Phone # _____ Cell # _____

Father's Name _____ Work Phone # _____ Cell # _____

Emergency Name(s) (**other than Parent**) _____ Phone # _____

Please name someone who will be able to pick up the camper in case of bad weather/illness.

List Any and All Persons Who Will Be Picking Child Up From the Program(s), **INCLUDING PARENTS.**
Only Those Persons Listed Will Be Allowed to Sign the Child Out

<u>Name</u>	<u>Day Time Phone Number</u>
_____	_____
_____	_____
_____	_____

MEDICAL INFORMATION AND CONSENT: Mandatory Physician/Updated Immunization form **MUST** be returned before 6/15 or child will not be allowed to attend camp.

Does your child have a disability which required special attention, or would limit participation in camp activities?: _____

Does your child require emergency treatment for epilepsy, diabetes, nose bleeds, BEE STINGS, asthma, etc.?: _____

Does your child have allergies?: _____

Is your child currently taking medications?, If so, please list: _____

I HEREBY GRANT PERMISSION FOR MY CHILD TO BE TRANSPORTED AND TREATED IN THE EVENT OF A MEDICAL EMERGENCY, IF I CANNOT BE REACHED.

Parent/Guardian Signature _____ Date _____

As the parent/legal guardian of the participant in the program(s) listed, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that I sustain as a result of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, and employees of the Town of Fishkill from any and all claims.

Signature _____ Date _____

WHICH PROGRAM(S) ATTENDING

Circle which one(s) you are interested in

Shirt Size (please circle only one): Child: S M L Adult: S M L XL

Geering Park Day Camp: Week 1 6/27 -7/1 Week 2 7/5 -7/8 (No 7/4) Week 3 7/11 -7/15
Week 4 7/18 -7/22 Week 5 7/25 -7/29 Week 6 8/1 - 8/5
Week 7 8/8 -8/12 All Seven Weeks 6/27 - 8/12

Residents: \$70 per week, \$350 all seven weeks, \$875 for 3 or more campers for all 7 weeks

Nonresidents: \$80 per week, \$400 all seven weeks, \$1,000 for 3 or more campers for all 7 weeks

All Day Camp - Brinkerhoff: Week 1 6/27 -7/1 Week 2 7/5 -7/8 (No 7/4) Week 3 7/11 - 7/15
Week 4 7/18 -7/22 Week 5 7/25 -7/29 Week 6 8/1 - 8/5
Week 7 8/8 -8/12 All Seven Weeks 6/28 - 8/13

Residents: \$130 per week, \$650 all seven weeks, \$1,625 for 3 or more campers for all 7 weeks

Nonresidents: \$150 per week, \$750 all seven weeks, \$1,875 for 3 or more campers for all 7 weeks

Extended Day Care: Week 1 6/27 -7/1 Week 2 7/5 -7/8 (No 7/4) Week 3 7/11 -7/15
(All Day Camp only) Week 4 7/18 -7/22 Week 5 7/25 -7/29 Week 6 8/1 -8/5
Week 7 8/8 -8/12 All Seven Weeks 6/27 - 8/12

Residents: \$25 per week **Nonresidents:** \$35 per week

Tennis Camp: NO COST (please mark preferences 1,2,3) *No class on Mondays*

1st session June 29 - July 9 (no July 5) _____
2nd session July 13 - July 23 (no July 1) _____
3rd session July 27 - August 6 (no Aug 2) _____

Teen Travelers: 1st Session: July 11-July 22 2nd Session: August 8-19
\$330 per session

Basketball: NO COST Height _____ Weight _____ Age _____
Previous Experience: _____

Basketball Camp: July 11 - 15 _____ 7 - 9 years 9:00 AM - 10:30 AM
Mon. - Fri. _____ 10 - 12 years 10:30 AM - 12:00 Noon

Basketball League: Boys Grade _____ grades 7 - 9
Girls Grade _____ grades 5 - 7

Golf: Beginner Classes \$60.00 Intermediate
Starts May 31 Monday Tuesday Wednesday Thursday
5:00 (Children) _____
6:00 (Adults) _____

Town Hall Use Only

Receipt Number: _____

Total Amount: _____

Waiting List _____

Date Processed: Confirmation Letter: _____

Computer: _____

Program(s): GP ADC EXT TC BKC BKL G